MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET APPLICANT(S) (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AS FILED AFTER I" AMENDMENT AFTER 2 [™]AMENDMENT AS FILED AFTER I" AMENDMENT IND. DEP. 2 MAMENDMENT IND: DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND. TOTAL IND

TOTAL DEP

TOTAL

TOTAL DEP

TOTAL

CLAIMS